



**DEPARTMENT OF THE AIR FORCE**  
**Air Force Legal Operations Agency**  
Joint Base Andrews, Maryland

HQ AFLOA/JACC  
1500 West Perimeter Road, Suite 1700  
Joint Base Andrews, MD 20762

**DEC 07 2017**

The Ammons Law Firm  
Attn: Robert E. Ammons  
3700 Montrose Blvd.  
Houston, TX 77006

Re: Your client Joe Holcombe  
Air Force Claim No.: 18-3929

Dear Mr. Ammons,

On December 5, 2017, the Air Force has received your client's administrative claim for damages in the amount of \$25,000,000.00. We have included a copy of your claim, annotated as received, per your request. In accordance with Title 28, Code of Federal Regulations, Section 14.4, please submit the following documentation at your earliest convenience:

- An authenticated death certificate or other competent evidence showing cause of death, date of death, and age of the decedent(s),
- Itemized bills for medical and burial expenses incurred by reason of the incident causing death, or itemized receipts of payment for such expenses,
- Decedent's employment or occupation at time of death, including monthly or yearly salary or earnings (if any), and the duration of his last employment or occupation,
- Full names, addresses, birth dates, kinship, and marital status of the decedent's survivors, including identification of any survivors who were dependent for support upon the decedent at the time of their death,
- Degree of support afforded by the decedent to each survivor dependent upon him for support at the time of their death,
- Decedent's general physical and mental condition before death,
- If damages for pain and suffering prior to death are claimed, a physician's detailed statement specifying the injuries suffered, duration of pain and suffering, any drugs administered for pain, and the decedent's physical condition in the interval between injury and death

**EXHIBIT**

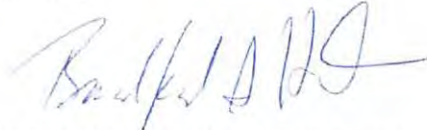
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-Any other evidence or information which may have a bearing on either the responsibility of the United States for the death or the damages claimed.


With the above information, the Air Force will be in a position to carefully and thoroughly evaluate your client's claim in accordance with the law. If you have any questions in the meantime, please contact me at the above address or by phone at (240) 612-4620.

Sincerely

A handwritten signature in blue ink, appearing to read "Bradford S. Hunt".

BRADFORD S. HUNT, Attorney  
Chief, General Torts Branch  
Air Force Claims and Tort Litigation Division

Attach:  
Annotated SF95

|   |  |  |   |  |                                     |
|---|--|--|---|--|-------------------------------------|
| <b>CLAIM FOR DAMAGE,<br/>INJURY, OR DEATH</b>   |  | <b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions. |   | FORM APPROVED<br>OMB NO. 1105-0008               |                                     |
| 1. Submit to Appropriate Federal Agency:<br><br>Secretary of the Air Force<br>Dr. Heather Wilson<br>1670 Air Force Pentagon<br>Washington, DC 20330-1670  |  |  | 2. Name, address of claimant, and claimant's personal representative if any.<br>(See instructions on reverse). Number, Street, City, State and Zip code.<br><br>Joe Holcombe (individually)<br>1387 County Road 304<br>Floresville, Texas 78114 |  |                                     |
| 3. TYPE OF EMPLOYMENT<br><input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN   |  | 4. DATE OF BIRTH<br>09/12/1931   | 5. MARITAL STATUS<br>married  | 6. DATE AND DAY OF ACCIDENT<br>11/05/2017 Sunday |                                     |
| 7. TIME (A.M. OR P.M.)<br>11:25 A.M.  |  |  |   |  |                                     |
| 8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).<br><br>See Attached Page   |  |  |   |  |                                     |
| 9. PROPERTY DAMAGE  |  |  |   |  |                                     |
| NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).<br><br>N/A   |  |  |   |  |                                     |
| BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.<br>(See instructions on reverse side).<br><br>N/A   |  |  |   |  |                                     |
| 10. PERSONAL INJURY/WRONGFUL DEATH  |  |  |   |  |                                     |
| STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.<br><br>Claimant Joe Holcombe's son was Bryan Holcombe. Bryan was a member of the First Baptist Church of Sutherland Springs, Texas. Bryan Holcombe, son of Joe Holcombe, was shot in the back while walking to the church pulpit to lead the congregation in worship. He died on the floor of the church. Joe Holcombe has suffered grievous mental anguish from the death of his son and the loss of his society, companionship and affection. |  |  |   |  |                                     |
| 11. WITNESSES   |  |  |   |  |                                     |
| NAME  |  |  | ADDRESS (Number, Street, City, State, and Zip Code)   |  |                                     |
| Stephen Willeford<br><br>Johnnie Langendorff<br><br>Please see additional list attached   |  |  |   |  |                                     |
| 12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)   |  |  |   |  |                                     |
| 12a. PROPERTY DAMAGE<br><br>0.00  |  | 12b. PERSONAL INJURY<br><br>25,000,000   |   | 12c. WRONGFUL DEATH<br><br>25,000,000            |                                     |
| 12d. TOTAL (Failure to specify may cause forfeiture of your rights).<br>25,000,000  |  |  |   |  |                                     |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.   |  |  |   |  |                                     |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).<br><br>   |  |  | 13b. PHONE NUMBER OF PERSON SIGNING FORM<br>(830) 393-1791  |  | 14. DATE OF SIGNATURE<br>11/25/2017 |
| CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM<br><br>The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).  |  |  | CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS<br><br>Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)  |  |                                     |

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AFLOA/JACC JLF

18-3929





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**Air Force Legal Operations Agency**  
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**DEC 07 2017**

The Ammons Law Firm  
Attn: Robert E. Ammons  
3700 Montrose Blvd.  
Houston, TX 77006

Re: Your client Claryce S. Holcombe  
Air Force Claim No.: 18-3930

Dear Mr. Ammons,

On December 5, 2017, the Air Force has received your client's administrative claim for damages in the amount of \$25,000,000.00. We have included a copy of your claim, annotated as received, per your request. In accordance with Title 28, Code of Federal Regulations, Section 14.4, please submit the following documentation at your earliest convenience:

- An authenticated death certificate or other competent evidence showing cause of death, date of death, and age of the decedent(s),
- Itemized bills for medical and burial expenses incurred by reason of the incident causing death, or itemized receipts of payment for such expenses,
- Decedent's employment or occupation at time of death, including monthly or yearly salary or earnings (if any), and the duration of his last employment or occupation,
- Full names, addresses, birth dates, kinship, and marital status of the decedent's survivors, including identification of any survivors who were dependent for support upon the decedent at the time of their death,
- Degree of support afforded by the decedent to each survivor dependent upon him for support at the time of their death,
- Decedent's general physical and mental condition before death,
- If damages for pain and suffering prior to death are claimed, a physician's detailed statement specifying the injuries suffered, duration of pain and suffering, any drugs administered for pain, and the decedent's physical condition in the interval between injury and death

-Any other evidence or information which may have a bearing on either the responsibility of the United States for the death or the damages claimed.

With the above information, the Air Force will be in a position to carefully and thoroughly evaluate your client's claim in accordance with the law. If you have any questions in the meantime, please contact me at the above address or by phone at (240) 612-4620.

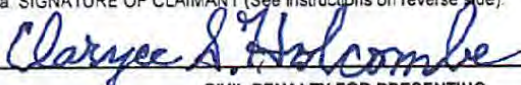
Sincerely

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BRADFORD S. HUNT, Attorney  
Chief, General Torts Branch  
Air Force Claims and Tort Litigation Division

Attach:  
Annotated SF95



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|---|--|--|--|--|-------------------------------------|
| <b>CLAIM FOR DAMAGE,<br/>INJURY, OR DEATH</b>   |  | <b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions. |  | FORM APPROVED<br>OMB NO. 1105-0008               |                                     |
| 1. Submit to Appropriate Federal Agency:<br><br>Secretary of the Air Force<br>Dr. Heather Wilson<br>1670 Air Force Pentagon<br>Washington, DC 20330-1670  |  |  | 2. Name, address of claimant, and claimant's personal representative if any.<br>(See instructions on reverse). Number, Street, City, State and Zip code.<br><br>Claryce S. Holcombe (individually)<br>1387 County Road 304<br>Floresville, Texas 78114 |  |                                     |
| 3. TYPE OF EMPLOYMENT<br><input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN   |  | 4. DATE OF BIRTH<br>12/04/1932   | 5. MARITAL STATUS<br>married   | 6. DATE AND DAY OF ACCIDENT<br>11/05/2017 Sunday |                                     |
| 7. TIME (A.M. OR P.M.)<br>11:25 A.M.  |  |  |  |  |                                     |
| 8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).<br><br>See Attached Page   |  |  |  |  |                                     |
| <b>9. PROPERTY DAMAGE</b>   |  |  |  |  |                                     |
| NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).<br><br>N/A   |  |  |  |  |                                     |
| BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.<br>(See instructions on reverse side).<br><br>N/A   |  |  |  |  |                                     |
| <b>10. PERSONAL INJURY/WRONGFUL DEATH</b>   |  |  |  |  |                                     |
| STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.<br><br>Claimant Claryce Holcombe's son was Bryan Holcombe, a member of the First Baptist Church of Sutherland Springs, Texas. Bryan Holcombe was shot in the back while walking to the church pulpit to lead the congregation in worship. He died on the floor of the church. Claryce Holcombe has suffered grievous mental anguish from the death of her son and the loss of his society, companionship and affection. |  |  |  |  |                                     |
| <b>11. WITNESSES</b>  |  |  |  |  |                                     |
| NAME  |  |  | ADDRESS (Number, Street, City, State, and Zip Code)  |  |                                     |
| Stephen Willeford<br><br>Johnnie Langendorff<br><br>Please see additional list attached   |  |  |  |  |                                     |
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| 12a. PROPERTY DAMAGE<br><br>0.00  |  | 12b. PERSONAL INJURY<br><br>25,000,000   |  | 12c. WRONGFUL DEATH<br><br>25,000,000            |                                     |
| 12d. TOTAL (Failure to specify may cause forfeiture of your rights).<br>25,000,000  |  |  |  |  |                                     |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.   |  |  |  |  |                                     |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).<br><br>   |  |  | 13b. PHONE NUMBER OF PERSON SIGNING FORM<br>650 393-6791   |  | 14. DATE OF SIGNATURE<br>11/25/2017 |
| <b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b><br><br>The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).   |  |  | <b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b><br><br>Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)  |  |                                     |

Rec'd  
DEC 05 2017  
AFLOA/JACC

18-3930